WageWorks

P.O. Box 1840, Tallahassee, FL 32302-1840

2015 Tahoe Area HRA

TAHOE AREA DSA
HEALTH REIMBURSEMENT ELECTION FORM

YOU MUST COMPLETE THIS FORM IF YOU WISH TO START OR CONTINUE A TAX-FREE DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT.

Name (Please Print) Last	First	MI	Social Security #

Home Address Street	City	State	Zip

Mailing Address Street	City	State	Zip

Daytime Phone ( )	Home Phone ( )	Date of Hire	Date of Birth	Annual Salary

E-mail Address	Work Location	Employee ID

ENROLLMENT STATUS ☐ RE-ENROLLMENT ☐ CHANGE IN STATUS ☐ NEW HIRE	Effective Date

PREMIUM CONVERSION

You are eligible to participate in the Premium Conversion. Your medical premiums will be converted to a tax-free status automatically.
If you fail to complete, sign and file a Salary Reduction Agreement during the Annual Election Period, you will be deemed to have elected to continue participation in the Plan with the same Benefit Option elections that you had on the last day of the Plan Year in which the Annual Election period occurred (adjusted to reflect any increase/decrease in applicable premium/contributions). This is called an "Evergreen Election." Dependent Care FSAs are not generally subject to Evergreen Elections, and will not automatically continue into the new Plan Year. You must elect a Dependent Care FSA during each Annual Election Period to be enrolled for that Plan Year.

EMPLOYEE SIGNATURE	DATE SIGNED

SUBMIT YOUR COMPLETED FORM TO THE PERSONNEL DEPARTMENT-BENEFITS DIVISION.

ADMINISTRATOR USE ONLY

DATA ENTRY	VERIFICATION	SCANNED	INDEXED	SPECIAL NOTES

Please make a copy for your records.